

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019363

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 24

FILED MAY 28 1963

VS 300 Rev. 4/59	DATE AMENDED
1 <u>0190</u>	
2 <u>7003</u>	
3	
4 <u>1</u>	
5 <u>0</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
9 <u>X</u>	
10	
11 <u>019</u>	
12 <u>91-3</u>	
13 <u>2-0</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rural Big Creek Twp.</u>		c. CITY OR TOWN <u>Raytown</u>	
Length of stay in 1b <u>10 min</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/4 mi N Hwy 8, on 71 By Pass</u>		d. STREET ADDRESS (If outside, give location) <u>6713 Harris</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>DANA MARIE FORD</u>		4. DATE OF DEATH Month <u>May</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 11 1961</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD - No OCCUPATION</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>Kenneth Ford</u>		11b. MOTHER'S MAIDEN NAME <u>Mary Denny</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		13. SOCIAL SECURITY NO. <u>KENNETH FORD</u>	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Trauma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Brain aneurysm</u> DUE TO (b) <u>Car Accident</u> DUE TO (c)		15. NAME OF HUSBAND OR WIFE <u>6713 Harris Raytown Mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car Accident</u>	
20c. TIME OF INJURY Hour <u>9:00</u> p.m. Month, Day, Year <u>5-18-63</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>7 mi north of Harrisonville Mo</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Cass Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____		21b. ADDRESS <u>Harrisonville Mo</u>	
22a. SIGNATURE <u>Glenn Cummins</u>		22b. DATE SIGNED <u>5-21-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 21 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Deerpaw Creek Cemetery</u>		23d. LOCATION (City, town, or county) <u>Deerpaw Creek Mo.</u>	
24. FUNERAL DIRECTOR <u>Funerary Services Harrisonville Mo.</u>		25. DATE REC'D. BY LOCAL REG. <u>5-21-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Ray J. Seiber</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ernest R. Rannenburg

Licensed Embalmer No.

3368

P. O. Address

Harrisonville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.